

EXHIBIT 7



P.O. Box 24523
Oakland, CA 94623-1523
Phone 888.335.2722
Fax 877.548.1610

MARYLYN STROME
4626 S OXFORD AVE
TULSA, OK 74135-6829

Please do not attempt to
cash this check at a
Bank of America office until
the next business day.

Check No.: 717089904		Insured: MARYLYN STROME		
Claim No.: 1002-95-7061		Policy No.: HO33478748		Adjuster: Nathan Fulks
Exposure: (1) 1st Party Dwelling - Marilyn Strome - A-Dwelling/Claim Cost/Dwelling Damage				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
11/07/2018	Replacement Cost Value	\$694.47		\$694.47
Payee: MARYLYN STROME				
Invoice/EOB #:		Dates of Service:11/07/2018		
Comments:				
Payment Method: Check		Date of Loss: 04/04/2017		Loss Type: HOME

Policy issued by CSAA Fire & Casualty Insurance Company

(Continued on back side)

Please detach before presenting for payment



CSAA Fire & Casualty Insurance Company
P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL CHECK NO. 717089904

POLICY NO.
HO33478748

Exactly SIX HUNDRED NINETY FOUR DOLLARS AND FORTY SEVEN
CENTS*****

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
MARYLYN STROME	04/04/2017	1002-95-7061	11/07/2018	***\$694.47

Pay To The Order Of
MARYLYN STROME

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group

AUTHORIZED SIGNATURE

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CORELOGIC SPATIAL SOLUTIONS
40 PACIFICA
STE 900
IRVINE, CA 92618-7487

Offer of Payment

Check No.: 0703614016		Insured: MARYLYN STROME		
Claim No.: 1002-95-7061		Policy No.: HO33478748		Adjuster: Nathan Fulks
Exposure: (1) 1st Party Dwelling - Marilyn Strome - A-Dwelling - Expense - Other				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
11/07/2018	Experts	\$43.30	*****0572	\$43.30
Payee: CoreLogic				
Invoice/EOB #:		Dates of Service: 11/07/2018		
Comments: Invoice: 134589				
Payment Method: EFT		Date of Loss: 04/04/2017		Loss Type: Homeowners

Policy issued by CSAA Fire & Casualty Insurance Company

Please detach before presenting for payment



CSAA Fire & Casualty Insurance Company
P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

CHECK NO.
0703614016

POLICY NO.
HO33478748

Exactly Forty three and 30/100 Dollars*****

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
MARYLYN STROME	04/04/2017	1002-95-7061	11/07/2018	***\$43.30

Pay To
The
Order
Of

CoreLogic

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P.O. Box 24523
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HANCOCK CLAIMS CONSULTANTS
PO BOX 102753
ATLANTA, GA 30368-2753

Offer of Payment

Check No.: 0703699081		Insured: MARYLYN STROME		
Claim No.: 1002-95-7061		Policy No.: HO33478748		Adjuster: Erica Dandridge
Exposure: (1) 1st Party Dwelling - Marilyn Strome - A-Dwelling - Expense - Other				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
12/20/2018	Experts	\$175.00	*****4648	\$175.00
Payee: Hancock Claims Consultants				
Invoice/EOB #:		Dates of Service:		
Comments:				
Payment Method: EFT		Date of Loss: 04/04/2017		Loss Type: Homeowners

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P.O. Box 24523, Oakland, CA 94623-1523

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70-2328 / 719 IL

CHECK NO.
0703699081

POLICY NO.
HO33478748

Exactly One hundred seventy five and 00/100 Dollars*****

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
MARYLYN STROME	04/04/2017	1002-95-7061	12/20/2018	***\$175.00

Pay To The Order Of
Hancock Claims Consultants

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HANCOCK CLAIMS CONSULTANTS
PO BOX 102753
ATLANTA, GA 30368-2753

Offer of Payment

Check No.: 0703699081		Insured: MARYLYN STROME		
Claim No.: 1002-95-7061		Policy No.: HO33478748		Adjuster: Erica Dandridge
Exposure: (1) 1st Party Dwelling - Marilyn Strome - A-Dwelling - Expense - Other				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
12/20/2018	Experts	\$175.00	*****4648	\$175.00
Payee: Hancock Claims Consultants				
Invoice/EOB #:		Dates of Service:		
Comments:				
Payment Method: EFT		Date of Loss: 04/04/2017		Loss Type: Homeowners

Policy issued by CSAA Fire & Casualty Insurance Company

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P.O. Box 24523, Oakland, CA 94623-1523

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70-2328 / 719 IL

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Exactly One hundred seventy five and 00/100 Dollars*****

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MARYLYN STROME	04/04/2017	1002-95-7061	12/20/2018	***\$175.00

Pay To The Order Of
Hancock Claims Consultants

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PO BOX 102753
ATLANTA, GA 30368-2753

Offer of Payment

Check No.: 0703699081		Insured: MARYLYN STROME		
Claim No.: 1002-95-7061		Policy No.: HO33478748		Adjuster: Erica Dandridge
Exposure: (1) 1st Party Dwelling - Marilyn Strome - A-Dwelling - Expense - Other				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
12/20/2018	Experts	\$175.00	*****4648	\$175.00
Payee: Hancock Claims Consultants				
Invoice/EOB #:		Dates of Service:		
Comments:				
Payment Method: EFT		Date of Loss: 04/04/2017		Loss Type: Homeowners

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CHECK NO.
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POLICY NO.
HO33478748

Exactly One hundred seventy five and 00/100 Dollars*****

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
MARYLYN STROME	04/04/2017	1002-95-7061	12/20/2018	***\$175.00

Pay To The Order Of
Hancock Claims Consultants

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HANCOCK CLAIMS CONSULTANTS
PO BOX 102753
ATLANTA, GA 30368-2753

Offer of Payment

Check No.: 0703699081		Insured: MARYLYN STROME		
Claim No.: 1002-95-7061		Policy No.: HO33478748		Adjuster: Erica Dandridge
Exposure: (1) 1st Party Dwelling - Marilyn Strome - A-Dwelling - Expense - Other				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
12/20/2018	Experts	\$175.00	*****4648	\$175.00
Payee: Hancock Claims Consultants				
Invoice/EOB #:		Dates of Service:		
Comments:				
Payment Method: EFT		Date of Loss: 04/04/2017		Loss Type: Homeowners

Policy issued by CSAA Fire & Casualty Insurance Company

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P.O. Box 24523, Oakland, CA 94623-1523

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70-2328 / 719 IL

CHECK NO.
0703699081

POLICY NO.
HO33478748

Exactly One hundred seventy five and 00/100 Dollars*****

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
MARYLYN STROME	04/04/2017	1002-95-7061	12/20/2018	***\$175.00

Pay To The Order Of
Hancock Claims Consultants

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MARILYN STROME
4626 S OXFORD AVE
TULSA, OK 74135-6829

Offer of Payment

Check No.: 0717548991		Insured: MARYLYN STROME		
Claim No.: 1002-95-7061		Policy No.: HO33478748		Adjuster: Dustin Crittenden
Exposure: (1) 1st Party Dwelling - Marilyn Strome - A-Dwelling - Claim Cost - Dwelling Damage				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
07/15/2019	Actual Cash Value	\$694.47		\$694.47
Payee: Marilyn Strome				
Invoice/EOB #:		Dates of Service:		
Comments: Reissuance of cancelled check.				
Payment Method: Check		Date of Loss: 04/04/2017		Loss Type: Homeowners

Policy issued by CSAA Fire & Casualty Insurance Company

Please detach before presenting for payment



CSAA Fire & Casualty Insurance Company
P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

CHECK NO.
0717548991

POLICY NO.
HO33478748

Exactly Six hundred ninety four and 47/100 Dollars*****

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
MARYLYN STROME	04/04/2017	1002-95-7061	07/15/2019	***\$694.47

Pay To The Order Of Marilyn Strome

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CSAA Insurance Group

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Claim No.: 1002-95-7061		Policy No.: HO33478748		Adjuster: Nathan Fulks
Exposure: (1) 1st Party Dwelling - Marilyn Strome - A-Dwelling/Claim Cost/Dwelling Damage				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
11/07/2018	Replacement Cost Value	\$694.47		\$694.47
Payee: MARYLYN STROME				
Invoice/EOB #:		Dates of Service:11/07/2018		
Comments:				
Payment Method: Check		Date of Loss: 04/04/2017		Loss Type: HOME

Policy issued by CSAA Fire & Casualty Insurance Company

(Continued on back side)

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MARYLYN STROME	04/04/2017	1002-95-7061	11/07/2018	***\$694.47

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MARYLYN STROME

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